

Report Year:

2010

11776

Kindred Hospital - San Gabriel Valley

West Covina

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

11776

Facility Name:

Kindred Hospital - San Gabriel Valley

Address:

845 N. Lark Ellen Ave.

City:

West Covina

Hospital Owner/Licensee:

Southern California Specialty Care, Inc

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

William Alexander, Facility Representative

Submission Date:

2/10/2011 7:13:37 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Building I (Acute Care Facility)	845 N. Lark Ellen Ave.	Retrofit	SPC2	01/01/2013	11/15/2012

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For each building which is planned for retrofitting or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:

01

Building I (Acute Care Facility)

Retrofit/Replacement
Project:

Hazus-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11776	SL011756	0		11/14/2001	12/19/2001			CLSD	No

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Building I (Acute Care Facility)

Type of Service Provided
☒ Nursing Inpatient Beds 70 Inpatient Days 20646

☒ IntensiveCare Inpatient Beds 6 Inpatient Days 1770

☐ Pediatric/Adolescent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postpartum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 76

☒ Surgical

☐ Obstetrical Recovery

☒ Anesthesia

☐ Newborn/WellBaby

☒ Clinical Lab

☐ Emergency

☒ Radiological/Imaging

☒ Nuclear Medicine

☐ Pharmaceutical

☒ Dietetic

☒ Rehabilitation Therapy

☒ Administration

☒ Renal Dialysis

☒ Support Services

☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv

☒ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 01

Building Name: Building I (Acute Care Facility)

Medical / Surgical (Include GYN)

Inpatient Bed 70 Inpatient Days 20646

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 6 Inpatient Days 1770

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

76

Total Beds this Building Per Service

76

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building
Number

Building
Name

Building to
be Removed

01

Building I (Acute Care Facility)

☐

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Report Status: **Data Last Update:** 02/10/2011

Submission Date: 02/10/2011

Print Date: 2/11/2011 8:38 AM

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Building I (Acute Care Facility)

Type of Service Provided

☒

Nursing

☒

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☒

Surgical

☒

Anesthesia

☒

Clinical Lab

☒Radiological/
Imaging☐

Pharmaceutical

☒

Dietetic

☒

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☒Nuclear
Medicine☒Rehabilitation
Therapy☒

Renal Dialysis

☐Outpatient
Surgery☒

Central Plant

☒Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Building I (Acute Care Facility)

Configuration

:

Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

Type of Service Provided☒

Nursing

☒

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☒

IntensiveCare

☒

Anesthesia

☐Obstetrical
Recovery☒

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☒Radiological/
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐Intermediate
Care☒

Dietetic

☒

Nuclear Medicine

☒Support
Services☐

Skilled Nursing

☒

Administration